STEP TWO

Assessment

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Assessment
Step Two

Every health professional must take the time to do patient education and should share the educational workload directly related to their area of expertise.

Each health department/discipline should address all concerns relative to their profession when reviewing their department.

The Task Force/Team should then compile the accumulated information and prepare a PFCE review of the entire facility.

The structure of the Hospital/Clinic staff will need to be examined in order to view the overall picture for implementing a comprehensive patient education program.

1.   The staffing patterns for the Hospital/Clinic and for each shift of the hospital will need to be studied.
2.   Delineate which disciplines have PFCE responsibilities other than physician and nurses, and what times they are at the Hospital/Clinic.
3.   Delineate student involvement in the Hospital/Clinic as a setting for student learning and determine student responsibilities as they relate to the PFCE setting. Are they involved in PFCE?

In this way, the entire staff will be involved in the overall view. Within any health care setting, you will find some health disciplines/employees that might argue that they are not responsible for PFCE. However, the focus of this Manual emphasizes that every Hospital/Clinic employee must recognize his or her role in the PFCE component of health care. The opportunity to provide PFCE begins when the patient enters the facility and may continue through discharge, therefore, all staff is involved in the process.

The following areas of staff responsibility should be covered and analyzed:

1.   The number of the staff with clinical responsibilities, but are not specifically assigned patient care. This might includes ancillary staff.
2.   What are the assignments of these ancillary staff?
3.   Outline the staff responsible for Orientation for new employees and continuing education of staff responsible for providing PFCE.
4.   Is the ability to provide and demonstrate competency in PFCE included in job descriptions or performance evaluations?
5.   Who follows up on patients referred to outside physicians for services? Is it documented or is it assumed that they have received the appropriate PFCE?
6.   Is there an established policy for in-house referrals? Does this policy stipulate?
        a.   Who can make referrals for PFCE?
        b.   Which employees are responsible for providing PFCE?
        c.   Who will provide education in the event that the designated employee is absent or out of the office?
        d.   Whose responsibility is it to schedule appointments for PFCE?
        e.   Whose responsibility is it to follow-up on "No Shows or DNKAs?"
        f.   What is the Hospital/Clinic policy concerning all attempts to   contact   "No   Shows   or DNKA's?"
        g.   How are in-house referrals documented in the chart?
7.   Has the discipline or Hospital/Clinic looked into the issue of reimbursement for PFCE?

Assessment of Patient Flow

The patient flow pattern should be traced through the Hospital/Clinic system both within and outside the Hospital/Clinic. Information gained from documenting the patient flow pattern should include the following:

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1.   **Where** patients come into contact with health personnel.
2.   The personnel **who** come into contact with the patients.
3.   Amount of waiting **time** involved.
4.   Approximate **number** of patients in one place at one time.
5.   Examine the inpatient and outpatient setting. Establish timing for the education.

Plan For an Effective Patient Education Documentation System
To establish an effective patient education documentation system, a process of planned changed can be used. Ideally, going through this process will identify only minor weaknesses in the current system, and vastly improved patient education documentation can be achieved with only minor revision. In some instances, however, analysis of the current RPMS/PCC system reveals that documenting patient education seems to be an afterthought. Often a teaching-learning form for documentation is haphazardly developed and added to the overall system with little attention given to how to integrate it into the whole documentation system. The most effective system is one where patient education is valued as an integral part of patient care and documentation is thus integrated into the total record-keeping system.

Six major steps need to be considered when developing an effective patient education documentation system at Indian Health Service and Tribal Hospitals, Clinics and community health programs. They are:
1.   Assess the current RPMS/PCC system to determine the current documentation of patient education.
2.   Formulate goals and objectives for the planned change to document according to RPMS/PCC guidelines.
3.   Develop strategies for the planned change.
4.   Educate the staff to document patient education.
5.   Obtain organizational supports for patient education documentation.
6.   Evaluate the new or revised documentation system.

Individual Departmental Questionnaires
Individual Departmental Questionnaires have been developed (see the Supplemental Section) and completed by staff to assess all hospital/clinic department staff concerning their role in PFCE.

RPMS/PCC Computer Audits of PFCE
Is recommended that all sites complete a computer audit which will reveal what, how and who is currently documenting patient and family education.

Assess Patient and Family Education processes for current outcomes to improve patient health through:
• Assessing organization-wide PFCE programs and activities
• Formulate PFCE program goals;
• Allocating resources for PFCE;
• Determining and prioritizing specific patient educational needs; and
• Providing education to meet identified patient needs.
PFCE standards in your facility should be assessed to determine if they address activities involved in these processes:
• Promoting interactive communication between patients and providers;
• Improving patient's understanding of their health status, options for treatments, and the anticipated risks and benefits of treatment;
• Encourage patient participation in decision making about care;
• Increasing the likelihood that patients will follow their therapeutic plans of care;
• Maximizing patient self-care skills;
• Increasing the patient's ability to cope with his or her health status;
• Enchancing patient participation in continuing care;
• Promoting health lifestyles; and
• Informing patients about their financial responsibilities for treatment when known.

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Note: *While JCAHO Standards recommend a systematic approach to education, they do not require any specific structure, such as an education department, a PFCE committee, or the employment of an educator. More important is a philosophy that views the educational function as an interactive one in which both parties are learners. JCAHO standards help the facility focus on how education is consistent with the patient's plan of care, level of care, the educational setting, and continuity of care.*

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Assessment of Patient Education

Questions to Ask	How to Gather Data
1. What are the current PFCE programs, materials informal and participating staff? programs.	Use surveys and/or interview department supervisors, and staff meetings concerning current and needed PFCE

2. What organizational characteristics (structure)
     Of the hospital will support or hinder patient
     Education program development?
	Review policies and procedures that affect PFCE.

3. What resources are available for PFCE?
 	
     - Funds budgeted
currently
     - Media Equipment
     - Current use of media and materials for patient
       education
	Obtain examples from media department, library, Health Education
	and preview materials. Survey and/or interview staff
	
	doing patient teaching.

4. Which departments have goals that relate to patient and education?	Review department goals, interview appropriate managers Supervisors.

5. Are PFCE roles and responsibilities included in job criteria of staff
     descriptions, performance standards, and patient
     performance evaluations.
	Review job descriptions and performance evaluation
	
	in all departments to ascertain which positions would have
	
	Education as a performance element.

6. What are the top 10 diagnoses of patients admitted to the hospital?	Medical records, DRG data
7. What are the average lengths of stay and ages of patients with these diagnoses?	Patient Statistics report, Medical Records
8. What problems have patients identified on Patient Satisfaction Surveys/Questionnaires	Review results of Patient Satisfaction Surveys
9. For what reasons are patients being readmitted? statistics	Review Data from UR, medical records, morbidity

10. What information is currently given to patients in registration data,
     the preadmission phase? When, by whom, and
     In what format?
	Interview or survey admission department, patient
	
	outpatient services, referral agencies, and the ER.

11. What patient data is collected and could this
     information be useful in determining patient
     education needs?
	Review of RPMS/PCC

12. What PFCE is included in the Discharge Summary?	Chart audit, QA/TQM indicators
13. What PFCE criteria are included in audits?	Chart audit, QA/TQM indicators
14. Do standard care plans include PFCE components?	Review standard of care of plans.
15. How are PFCE outcomes and activities Documented?	RPMS/PCC/Q-Man documentation procedures.
16. Has there been interdisciplinary involvement in PFCE planning and implementation?	Audit charts of specific patient populations.

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17. How complete are existing PFCE programs   Observe actual teaching activities
     for specific populations?   Chart audits to determine if all components of patient
education
     - Written program policies and procedures with   are included.
       goals, objectives, and teaching plans developed?
     - Interdisciplinary involvement, coordinating   - Documentation and communication procedures
       mechanisms, staff orientation procedures to the - Evaluation methods for PFCE outcomes and program
effectiveness
        program

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Subject: Client/Patient Satisfaction Interview/Survey

Why has customer satisfaction become so important to business in general and to health care in particular? What happens when customers (or patients) become dissatisfied? How does one prevent or remedy dissatisfaction? Patient satisfaction should be a Hospital/Clinic objective. An aspect of assessment is to develop a Client/Patient Satisfaction Interview or Survey. More information on how to conduct client or patient satisfaction interviews or surveys is contained in the Supplemental Section.

Dimensions of Patient Satisfaction

Although most patients are generally satisfied with their service experience, they are not uniformly satisfied with all aspects of the care they receive, and therein lie the challenge to health care management. How much service is enough to elicit high satisfaction among customers and ultimately to keep them returning to the Hospital/Clinic with satisfaction, and just what kind of service is that?

What are the dimensions of patient satisfaction? According to a national survey the ranking is as follows:

1.	Highest priority:	Overall care
2.	Second priority:	Cleanliness
3.	Third:	Physicians
4.	Fourth:	Nurses
5.	Fifth:	Other health staff
6.	Sixth:	Concern of staff
7.	Seventh:	Admissions/Discharge
8.	Eighth:	Courtesy/helpfulness of clerical/secretarial/business staff
9.	Ninth:	Parking/Convenience
10.	Tenth:	Cost of Care

Patient Satisfaction Defined

Many health providers have complained that patient satisfaction is an ill-defined concept. Perhaps, in fact, it is difficult to define or describe patient satisfaction. A simplistic version of PFCE defined is "the positive evaluation of distinct dimensions of health care. The care being evaluated might be a single clinic visit, treatment through an illness episode, a particular health care setting or plan, or the health care system in general."

Sample questions for discussion:
1. How satisfied are patients?
2. Will service changes (for example, increasing or decreasing the number of staff, facility improvements, etc.)
      affect patient satisfaction?
3. Are patients more or less satisfied with the Prenatal Clinic as compared to Well-Child Clinic?
4. Has patient satisfaction changed over the past two years?
5. With what service aspects are patients more satisfied or less satisfied?

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Step Two **Check List** **Assessment**

___   Review of the structure of the Hospital/Clinic

    ___   Staffing patterns for each shift, if applicable

    ___   Disciplines with PFCE responsibilities:

___ Physicians	___ Medical Records	___ Dental Staff
___ Health Educators	___ Medical Social Services	___ Physical Therapy
___ Pharmacy	___ CHR's	___ Nutrition
___ X-Ray	___ Lab	___ A/SA Program
___ Mental Health	___ Injury Prevention	___ Business

Department

___ Nursing	___ Mid-Level Providers	___ PHN/CHN
___ ER	Other:	

_____

    ___   Each discipline has reviewed those PFCE materials they distribute for appropriateness, literacy level, cultural aspects, etc.

___ Physicians	___ Medical Records	___ Dental Staff
___ Health Educators	___ Medical Social Services	___ Physical Therapy
___ Pharmacy	___ CHR's	___ Nutrition
___ X-Ray	___ Lab	___ A/SA Program
___ Mental Health	___ Injury Prevention	___ Business

Department

___ Nursing	___ Mid-Level Providers	___ PHN/CHN
___ ER	Other:	

_____

    ___   The "PFCE Resources/Library" Work Group has conducted a preliminary survey of all PFCE materials distributed within the facility.

    ___   The "PFCE Work Group on Managed Care and Patient Education " is working

reimbursement

The "PFCE Work Group on Discharge Planning " has begun the develop of a Work Group to assess the facilities discharge planning.

    __   Delineate which staff has clinical responsibilities but is not assigned to patient care:

___ Physicians	___ Medical Records	___ Dental Staff
___ Health Educators	___ Medical Social Services	___ Physical Therapy
___ Pharmacy	___ CHR's	___ Nutrition
___ X-Ray	___ Lab	___ A/SA Program
___ Mental Health	___ Injury Prevention	___ Business

Department

___ Nursing	___ Mid-Level Providers	___ PHN/CHN
___ ER	Other:	

_____

    ___   Have these staff assignments on patient education been explored?

___ Physicians	___ Medical Records	___ Dental Staff
___ Health Educators	___ Medical Social Services	___ Physical Therapy
___ Pharmacy	___ CHR's	___ Nutrition
___ X-Ray	___ Lab	___ A/SA Program

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Department   ___   Mental Health   ___   Injury Prevention   ___   Business

    ___   Nursing   ___   Mid-Level Providers   ___   PHN/CHN

    ___   ER   Other:

_____

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___   Orientation for new staff developed by each discipline

___	Physicians	___	Medical Records	___	Dental Staff
___	Health Educators	___	Medical Social Services	___	Physical Therapy
___	Pharmacy	___	CHR's	___	Nutrition
___	X-Ray	___	Lab	___	A/SA Program
___	Mental Health	___	Injury Prevention	___	Business

Department

___	Nursing	___	Mid-Level Providers	___	PHN/CHN
___	ER	___	Contract Health Services	___	

Other: _____

___   Review of Position Descriptions/Performance Evaluations for PFCE standards/criteria

___	Physicians	___	Medical Records	___	Dental Staff
___	Health Educators	___	Medical Social Services	___	Physical Therapy
___	Pharmacy	___	CHR's	___	Nutrition
___	X-Ray	___	Lab	___	A/SA Program
___	Mental Health	___	Injury Prevention	___	Business

Department

___	Nursing	___	Mid-Level Providers	___	PHN/CHN
___	ER		Other:		

_____

___   Contract Health Services (CHS) begins Review of referrals to outside providers.

___   I/T/U Providers educate patient/family/care giver as to the necessity or reason for referral to an outside provider.

___   I/T/U Providers document in the patient's chart that education was given explaining the necessity of outside referral.

___   Contract Health Services (CHS) ensures that private provides gave the appropriate PFCE.

___   An appropriate agreement is on file between the Hospital/Clinic and outside providers stating that the private provider will ensure that the patient/family/care giver receives education appropriate to the need.

   ____   This agreement establishes definite timelines as to when the outside provider will return documented copies of the PFCE given.

   ___   Contract Health Services (CHS) surveys patients to determine if, in fact, they have received education concerning their medical condition.

___   Task Force/Team has developed and administered a *Client/Patient Satisfaction Interview or Survey*

___   In-House referrals are appropriately examined:

   ___   Physician only make referrals in-house   YES   NO

   ___   Are all referrals documented in writing?   YES   NO

   ___   Policies in place concerning whom can make referrals?   YES   NO

   ___   These providers can make in-house referrals:

___	Physicians	___	Medical Records	___	Dental Staff
___	Health Educators	___	Medical Social Services	___	Physical Therapy
___	Pharmacy	___	CHR's	___	Nutrition
___	X-Ray	___	Lab	___	A/SA Program
___	Mental Health	___	Injury Prevention	___	Business

Department

___	Nursing	___	Mid-Level Providers	___	PHN/CHN

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___   ER   Other:

_____

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___   For In-house referrals, each department has in place policies with reciprocal agreements
between
departments?

___	Physicians	___	Medical Records	___	Dental Staff
___	Health Educators	___	Medical Social Services	___	Physical Therapy
___	Pharmacy	___	CHR's	___	Nutrition
___	X-Ray	___	Lab	___	A/SA Program
___	Mental Health	___	Injury Prevention	___	Business

Department

___	Nursing	___	Mid-Level Providers	___	PHN/CHN
___	ER	Other:			

_____

___   PFCE Policies have been established in each and every department.

___   Standing Orders in place for PFCE referrals - when, what, which department, etc.

___   Provision in departmental PFCE Manual for:
___   Who does scheduling for PFCE?
___   Absence/leave of staff
___   No-Shows. DNKA's
___   Follow-up for No Shows/DNKA's
___   In-house Referrals documented

___   These Departments reviewed time allotted for PFCE.

___	Physicians	___	Medical Records	___	Dental Staff
___	Health Educators	___	Medical Social Services	___	Physical Therapy
___	Pharmacy	___	CHR's	___	Nutrition
___	X-Ray	___	Lab	___	A/SA Program
___	Mental Health	___	Injury Prevention	___	Business

Department

___	Nursing	___	Mid-Level Providers	___	PHN/CHN
___	ER	Other:			

_____

___   These Departments reviewed staff needs for PFCE

___	Physicians	___	Medical Records	___	Dental Staff
___	Health Educators	___	Medical Social Services	___	Physical Therapy
___	Pharmacy	___	CHR's	___	Nutrition
___	X-Ray	___	Lab	___	A/SA Program
___	Mental Health	___	Injury Prevention	___	Business

Department

___	Nursing	___	Mid-Level Providers	___	PHN/CHN
___	ER	Other:			

_____

___   Policies establish:
___   When patient education is going to be done?
___   Who will be responsible for scheduling appointments if the provider is busy or not
available to do the PFCE?
___   Who will schedule for a later time/date
___   If a patient fails to keep a scheduled PFCE session policy establishes how, when, and
how many times the client will be contacted before giving up.
___   Policy dictates where PFCE is going to occur?
___   exam room

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___   lobby
___   secluded area
___   health education office
___   specially designated office/room
___   What's going to be taught?
___   PFCE policies in place
___   lesson plans developed
___   most common diagnosis' documented
___   Evaluations of PFCE lesson plans are in place
___   Evaluation of professional performance criteria is in place